



SR1741

LRB099 21314 MST 47053 r

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SENATE RESOLUTION

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WHEREAS, End Stage Renal Disease (ESRD), also known as kidney failure, currently impacts 661,000 Americans, and more than 89,000 Americans die from ESRD annually; and

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WHEREAS, More than 115,000 new ESRD cases are diagnosed each year and more than 5,100 of those live in Illinois; and

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WHEREAS, Dialysis or a kidney transplant are the only treatments for ESRD; 70% of ESRD patients are on dialysis; and

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WHEREAS, When dialysis is the method of treatment, a patient can obtain treatment in their home with either home hemodialysis (HHD) or peritoneal dialysis (PD); transportation to a dialysis center 3 times a week for hemodialysis is also an option; and

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WHEREAS, Home dialysis provides significant economic and lifestyle advantages such as greater autonomy and flexibility over when a patient dialyzes; it reduces dependence on transportation, as there is no travel to a clinic for treatments, and is therefore more conducive for work, which is demonstrated by higher rates of employment among home dialysis patients; and

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1 WHEREAS, The first three months of dialysis cost, on
2 average, upwards of \$43,000 per patient; and

3 WHEREAS, Access to a home dialysis training program allows
4 for Medicaid patients to move to Medicare as their primary
5 payer on day one of treatment, not at month four, which is
6 called the "Medicare waiting period" and therefore saves the
7 State of Illinois significant costs; and

8 WHEREAS, The three-month Medicare waiting period creates
9 significant costs for states; if there are 1,000 new Medicaid
10 cases of ESRD in Illinois, this could mean as much as \$43
11 million in annual Medicaid costs during the waiting period; and

12 WHEREAS, Only 10% of dialysis patients receive treatment at
13 home; and

14 WHEREAS, ESRD disproportionately affects minority
15 Americans; incidence among African Americans are 3.7 times
16 greater than in caucasians; and

17 WHEREAS, Hispanic patients are 13% less likely to receive
18 PD and 37% less likely to receive HHD, while African American
19 patients are 29% less likely to receive PD and 17% less likely
20 to receive HHD; and

1 WHEREAS, There is less home hemodialysis and home training
2 in poorer counties, and counties with fewer minorities offer
3 greater access to home hemodialysis; and

4 WHEREAS, There are other barriers that preclude many
5 patients from accessing home dialysis which include the lack of
6 sufficient provider education about home dialysis,
7 insufficient reimbursement for home dialysis, limited patient
8 awareness of the home modality, and potentially burdensome
9 requirements for care partner support; most of these barriers
10 were also noted in a report by the U.S. Government
11 Accountability Office issued in the fall of 2015; and

12 WHEREAS, Policymakers can alleviate these burdens by
13 focusing on telehealth, medical waste laws, and reimbursement;
14 they can enable and encourage providers to offer more home
15 dialysis to more of their patients and to provide a pathway for
16 staff-assisted home hemodialysis; therefore, be it

17 RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL
18 ASSEMBLY OF THE STATE OF ILLINOIS, that we recognize the
19 importance of equal access to all dialysis modalities for End
20 Stage Renal Disease to preserve State funds by enabling more
21 patients who can benefit from home dialysis to receive access;
22 and be it further

1 RESOLVED, That we urge State agencies and policymakers to
2 implement policies to decrease the lack of access to home
3 dialysis modalities, which disproportionately affects
4 African-Americans and other minorities, by improving access to
5 home dialysis; and be it further

6 RESOLVED, That suitable copies of this resolution be
7 delivered to Governor Rauner, Senate President James
8 Cullerton, Speaker of the House of Representatives Michael
9 Madigan, Senate Minority Leader Christine Radogno, and House of
10 Representatives Minority Leader Jim Durkin.